

HEALTH DEPARTMENT, ORANGE, N. J.

CERTIFICATE OF BIRTH

I, as Registrar of Vital Statistics of the City of Orange, in the County of Essex, and State of New Jersey, do hereby certify that the following is a true copy from the Birth Records in my office:

PLACE OF BIRTH _____ File No. _____
 Original filed with State Registrar _____

County of ESSEX. State NEW JERSEY _____ 19 _____

City of ORANGE. No. Orange Memorial Hospital St., _____ Ward _____

FULL NAME OF CHILD Vito Frank Mauro _____

Sex of Child	Twin Triplet Or Other?	Number In Order Of Birth	Legitimate?	Date of Birth
Male			Yes	Oct 5 19 24

FATHER	MOTHER
Full Name Frank Mauro	Full Maiden Name Florence Martinelli

Residence	Residence
108 Pleasant Valley Way, W. Orange	108 Pleasant Valley Way, W. Orange

Color Or Race	Age at last Birthday	Color Or Race	Age at last Birthday
White	23 (Years)	White	22 (Years)

Birthplace	Birthplace
New York, N. Y.	Hamilton, N. J.

Occupation	Occupation
Chauffeur	Housewife

What Preventive for Ophthalmia Neonatorum was used? Argemol 20%

Number of children born to this mother, including present birth 2 Number of Children, of this mother, now living 2

Name of Attendant Dr. R. C. Zwick Address Orange Memorial Hospital
 Filed Oct 11 19 24 Lenore V. _____ Registrar



IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of the Health Department of the City of Orange on this 11th day of October A. D., 19 24

Lenore V. _____
 Registrar of Vital Statistics